



Please type a plus sign (+) inside this box

→ +

PTO/SB/21 (02-04)

1775B
93

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/868,543	
	Filing Date	19 June 2001	
	First Named Inventor	Bob BOND	
	Group Art Unit	1775	
	Examiner Name	Andrew Piziali	
Total Number of Pages in This Submission	5	Attorney Docket No.	44046.203.113.1.9

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Combined Declaration and Power of Attorney <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
--	---	--

Remarks:

We are submitting a new **Combined Declaration and Power of Attorney** due to an inadvertent error in the original Declaration related to the Citizenship of one of the Inventors.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual Name	Eric J. Snustad (Reg. No. 45,120) FREDRIKSON & BYRON, P.A. 200 South Sixth Street, Suite 4000 Minneapolis, MN 55402 Customer No. 022859 612.492.7000 (phone) 612.492.7077 (fax)
Signature	<i>Eric J. Snustad</i>
Date	<i>3 June 2004</i>

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Madelyn E. Thompson		
Signature	<i>Madelyn E. Thompson</i>	Date	<i>3 June 2004</i>

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450